

TOWN OF NARRAGANSETT POLICE DEPARTMENT

40 Caswell Street • Narragansett, RI 02882 • Chief Sean Corrigan Tel. (401) 789-1091 • TDD (401) 782-0661 • Fax (401) 783-6201

Application for Employment

Please print information and complete entire application.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

DISPATCHER/CLERK						
Position (s) Applying for:		Date of Application				
Last Name	First Name	Middle Name				
Street Address	City	State	Zip Code			
Home Phone number	Cell Phone number	Email address		Social Secur	ity#	
Please answer the followin	g questions:					
Have you ever filed an app Are you currently employed May we contact your press Are you prevented from land of Visa or Immigration Star Proof of citizenship or immon on what date would you be Are you available to work:	ent employer? Invfully becoming employed in the tus? Inigration status will be required the available to work? Full Time Part Time toff" status and subject to recall?	is country because upon employment.	Temp		yes/no yes/no yes/no yes/no yes/no yes/no	
Cor	of a felony within the last 7 years	ualify an applicant fro	om empl	oyment.	yes/no	
Education						
High School	Years Completed	Graduation Date				
Name of School	Course of Study	Years Completed		Graduation Date		
Name of School	Course of Study	Years Completed Gradua		Graduation	Graduation Date	

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicates race, color, religion, gender, national origin, disabilities or other protected status.

Employer/Company Na	me Supervisor Name			Telephone Number	
Employer Address					
Job Title	Hourly Rate/Salary		Dates E	mployed To/From	
Reason for Leaving			_		
Employer/Company Na	me Supervisor Name			Telephone Number	
Employer Address					
Job Title	Hourly Rate/Salary		Dates E	mployed To/From	
			_		
Reason for Leaving			_		
Employer/Company Name Supervisor Name			Telephone Number		
Employer Address					
Job Title	Hourly Rate/Salary		Dates Employed To/From		
			_		
Reason for Leaving					
References					
Name	Address	City	State	Phone Number	
Name	Address	City	State	Phone Number	

PLEASE READ CAREFULLY BEFORE SIGNING

Signature

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I understand that none of the documents, policies, procedures, actions, statements of Town of Narragansett or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Town of Narragansett except the Town Manager has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Town Manager.

In consideration for employment with the Town of Narragansett, if employed, I agree to conform to the rules, regulations, policies and procedures of the Town of Narragansett at all times and understand that such obedience is a condition of employment. I understand that attendance and punctuality are considered essential requirements of every job at the Town of Narragansett and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with the Town of Narragansett, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Town of Narragansett and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BEL	.OW, I ACKNOWLEI	OGE THAT I HAV	E READ, UNDERS'	TOOD AND AGREI	E TO THE ABOVE
STATEMENTS.					

Date